FEDERAL TRADE COMMISSION
HEARINGS ON HEALTH CARE COMPETITION, LAW, AND POLICY
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Outline of Testimony

Presented on Behalf of the

AANA
American Association of Nurse Anesthetists

by

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The opinions expressed in this testimony are those of the expert witness. They do not necessarily reflect positions of Superior Consultant Company, Inc. (SUPC) or the American Association of Nurse Anesthetists (AANA).

Sources of my concern about the medical monopoly…

- Overindulgence in Paris
- Bedside vote on antibiotics
- Joint faculty appointment
- Experience as Assistant Chancellor
- Training as an economist

Economic and clinical dimensions of medical monopoly

- Entry barrier to other qualified practitioners (state practice acts)
- Monopoly pricing ? unnecessary health costs
- Ability to protect unjustified income disparities
- Imposition of unnecessary and unearned supervisory fees
- “Captain of the ship” authority

Effective foundations of clinical independence

- Advanced education
  - Six year minimum
  - Publicly accredited academic health center
- Ongoing certification
  - Current knowledge, not years of training
  - Competency-based testing
- Scientific base
  - Randomized, controlled trials
  - Peer-reviewed literature

Effective foundations of clinical independence

- Coherent clinical model
  - Defined scope of practice
  - Philosophy of patient care
- Professional liability
  - Insurance coverage
  - Meaningful sanctions
- Professional ethic
  - Commitment to general welfare
  - Accountability to clientele

Effective foundations of clinical independence

- Quality assurance
  - Evidence-based practice
  - Outcomes measurement

Substitutes who merit independence for defined scopes of practice

- Physicians
- Advanced practice nurses
- Clinical pharmacists
- Advanced practice therapists
- Psychologists

Factors that would negate right to independent practice

- Failure to maintain integrity of its foundations
- Random and controlled research showing inferior outcomes
- Discrepancies between expected and actual practice

False arguments against independent practice for CRNAs

- Physician supervision ensures quality
  - Supervision is poorly defined and inconsistently practiced
  - Argument substantiated by unfounded assertions, not research

False arguments against independent practice for CRNAs

- Physician supervision ensures quality

> "For the safety of our patients, we realize that physicians must remain in charge of all aspects of medicine, including the delivery of anesthesia care. Although most nurse anesthetists, like most anesthesiologists [why not all?], have as their pre-eminent goal the provision of good clinical care for their patients, the nurse anesthetists' state and national organizations all too often appear to be fixated on the single issue of independent practice."
>
> **David C. Mackey, M.D.**
> **"Anesthesiology Assistants: A New Direction for the Anesthesia Care Team Begins to Accelerate (Finally!)"**
> ***ASA Newsletter* March 2003**

False arguments against independent practice for CRNAs

- Anesthesiologists will ensure necessary coverage and quality
  - Absence of anesthesiologist prevents dependent practice
  - Well-known scarcity of anesthesiologists in rural areas
  - Declining quantity and quality of new anesthesiologists

False arguments against independent practice for CRNAs

- Anesthesiologists will ensure necessary coverage and quality

> "In summary, because of low numbers of trainees and low written pass rates [varied from 61-71% from 1994 to 1998; 46% in 2000] during the late 1990s, the number of newly board-certified anesthesiologists who became available to enter the national workforce pool went from an annual high of 1,536 in 1997 to only 705 in 2001. …this represents only half the number of new ABA diplomate anesthesiologists available annually five years earlier."
>
> **Patricia A. Kapur, M.D.**
> **"American Board of Anesthesiology Update"**
> ***ASA Newsletter* April 2003, p. 16**

False arguments against independent practice for CRNAs

- Independent authority eliminates collaborative practice
  - Collaboration common where independent practice allowed
  - Many anesthesiologists support independence for CRNAs

False arguments against independent practice for CRNAs

- Quality imperative compels keeping nurses in ICU

> "In order to increase the ranks of student nurse anesthetists, recruiters must draw from a critically short supply of nurses in general and ICU nurses specifically. This requirement is counterproductive in a time when patient safety in the ICU is being emphasized by major corporations (e.g., Leapfrog)."
>
> **Mark J. Lema, M.D.**
> **"What Could Have (Should Have) Happened"**
> ***ASA Newsletter* April 2003, p. 20**

False arguments against independent practice for CRNAs

- *"Captain of the ship"* tradition saves money
  - Wasteful duplication is widespread
  - Many captains are less knowledgeable than the crew
  - Choice trumps cost in health reform debate
- "Dependent" practitioners will remain loyal to the care team
  - Many PAs now demanding independent practice authority

False arguments against independent practice for CRNAs

- Anesthesiology assistants (AA) will improve market performance
  - In reality, an anti-competitive act to replace CRNAs
  - AAs are not CRNA substitutes
  - No models or valid studies demonstrate actual AA advantages
  - AA programs unlikely to grow in current educational environment
  - AA solves what problem? (Control is the only issue!)

Protections supporting independent practice

- Surgical privileges awarded by hospitals
  - Privileges commonly tied to competencies
  - No evidence all hospitals will credential AAs
  - Hospitals support ending CRNA supervision requirement
- Surgeon's role in accepting anesthesia practitioner
- Formalized expectations of individual and organizational accountability

Conclusions

- CRNAs are *at least as good* as anesthesiologists
  - No valid research shows that unsupervised CRNAs provide inferior care
  - Professional liability premiums for CRNAs have fallen
- Anesthesia services will be worsened by mandatory supervision

Conclusions

- Physician-controlled system has produced serious problems
  - Quality: more anesthesiologists failing board certification
  - Cost: >2X fees paid to one of the two comparable resources
  - Access: Supervision unnecessarily reduces availability of services

Conclusions

- Arguments against unsupervised CRNA practice are wrong
  - Not backed by science or facts
  - Abundant inconsistency and self-interest in physicians' arguments
- The anesthesiologists' real concern: CRNAs are not what the doctor ordered

Conclusions

- Consumers deserve the choice between CRNAs and anesthesiologists
  - No justification for the medical monopoly in anesthesia
  - Ending this monopoly is a key to health reform